

## RECORDS RETENTION AND DISPOSAL SCHEDULE

## DEPARTMENT OF HEALTH &amp; MENTAL HYGIENE

## OFFICE OF EMERGENCY PREPAREDNESS AND RESPONSE (OEPR)

Item No.	Series Title and Description of Records	Authorized Retention Period
	<b>NOTE: Sensitive Information- SHRED</b>	
<b>1</b>	<b>PROGRAM ADMINISTRATIVE FILES</b> A. General subject files containing tech info, program correspondence, speeches, research, contacts, training, etc.  B. Fiscal information including cost estimates, procurement, expenditures, grants etc. (Program related, not administrative costs.)  C. Inter-office relations including guidelines, memos, notices etc with MEMA, DOJ, DHS, CDC, other emergency response agencies.	1A. Retain for <b>three (3) years</b> , then destroy if no longer needed.  1B. Retain for <b>four (4) years</b> and until all audit requirements are met, then destroy.  1C. File by agency, and retain items for <b>four (4) years</b> , then destroy if no longer needed.
<b>2</b>	<b>OEPR MANAGEMENT SERIES</b> Plans, protocols, logistics, emergency responses, etc.	2. Move to inactive file when replaced or no longer needed. Transfer inactive files annually to records center for <b>five (5) years</b> , then destroy.
<b>3</b>	<b>EXERCISE COORDINATION</b> Exercise notices, plans, situation reports, and after-action reports	3. File in by kind of exercise, in annual folder. Retain current and three (3) previous years folders in office, then <b>destroy files when four (4) years old</b> , if no longer needed.
<b>4</b>	<b>MEDICAL INTELLIGENCE SERIES</b> Emergency room reports, CDC notices, etc. (28 CFR 23) (Back up copy at MCAC)	4. Retain in office for <b>five (5) years</b> , then destroy by shredding, if no longer needed.
<b>5</b>	<b>CONTINUITY OF OPERATIONS PLAN (COOP)</b> Projected operating plans for essential DHMH units in emergency/disaster situations. Electronic format (Database) (Back up at MEMA). SG10-617(e) and SG10-618 (j).	5. Update electronic copy of plan periodically, replacing back up copy as needed. Destroy back up disk when superseded. Paper copy is used for convenience and is non-record -destroy when no longer needed.
<b>6.</b>	<b>VOLUNTEER COORDINATION</b> General volunteer information, committee information, task force correspondence, etc.	6. Retain in office for <b>two (2) years</b> . Transfer to Records Center for <b>three (3) years</b> , and then destroy.
<b>7.</b>	<b>ESF-8 (Emergency Support Function -8) SERIES</b> Includes meeting notice, agenda, notes, and minutes/summary. (Back up copy at MEMA).	7. Retain in office for <b>seven (7) years</b> , then destroy.

APPROVED BY: (DHMH Official) DATE: **MAY 5 2005**SIGNATURE: 

NAME/TITLE: LISA KIRK, DPH, Executive Director

AUTHORIZED BY: (Archives) DATE: **MAY 12 2005**SIGNATURE: 

NAME/TITLE: EDWARD C PAPENFUSE, JR., State Archivist

<p><b>DHMH Instructions</b> - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p><b>AGENCY RECORDS INVENTORY</b></p>	
				<p>PAGE <u>1</u> OF <u>1</u></p>	
<p>1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b></p>		<p>2. Office/Administration/Division <b>(EP+R)</b> <b>Emergency Preparedness &amp; Response</b></p>		<p>3. Unit or Section</p>	
<p><b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title <b>EP+R General Files A-Z (see attached list of files)</b></p>				<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>All Administrative, Subject, Meeting, Correspondence, Personnel, Grants, Files for Office of Emergency Preparedness &amp; Response. (see attached list of files)</b></p>					
<p>7. Record Series Format(s)</p> <p><input checked="" type="checkbox"/> Letter Size    <input type="checkbox"/> Microfilm  <input checked="" type="checkbox"/> Legal Size    <input type="checkbox"/> Computer Tape  <input checked="" type="checkbox"/> Bound Book    <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Audio Tape    <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input checked="" type="checkbox"/> File Drawer(s)  <input type="checkbox"/> Microfilm Reel(s)  <input type="checkbox"/> Computer Tape(s)  <input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>	
				<p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)  <input type="checkbox"/> Microfilm Reel(s)  <input type="checkbox"/> Computer Tape(s)  <input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>	
<p>11. <sup>(a)</sup> File is Used  <input checked="" type="checkbox"/> Daily    <input checked="" type="checkbox"/> Weekly    <input checked="" type="checkbox"/> Monthly</p>			<p>12. File Becomes Inactive After          _____  <input type="checkbox"/> Month(s)    <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room)</p>			<p>14. Is Record Series Duplicated Elsewhere?          (If yes, specify agency or office)  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		
<p>15. Access Restrictions    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No          (If Yes, cite Law(s) &amp; Regulation(s))</p>			<p>16. Audit Requirements <b>(ie, DoS Grant)</b>  <input type="checkbox"/> None    <input type="checkbox"/> State    <input checked="" type="checkbox"/> Federal    <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used?          (If yes, explain briefly and describe any hardware/software requirements)  <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No  <b>Word File</b></p>			<p>18. Recommended Retention</p>		
<p>19. Name and Title of Preparer <b>Melissa Cusick</b></p>		<p>20. Room Number Telephone Number <b>767-0968</b></p>		<p>21. Date <b>4/7/05</b></p>	

<b>DHMH Instructions</b> - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		<b>AGENCY RECORDS INVENTORY</b>  PAGE <b>2</b> OF <b>7</b>	
1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>		2. Office/Administration/Division <b>Emergency Preparedness &amp; Response</b>		3. Unit or Section	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <b>EMERGENCY MANAGEMENT</b>				5. Earliest Year/Latest Year _____ to _____	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>Responses ESF-8 (operations)</b> <b>protocols</b> <b>Plans</b> <b>Logistics</b>					
7. Record Series Format(s) <input type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume _____ Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		12. File Becomes Inactive After _____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)			
13. Current Location(s)      (Bldg., Floor, Room)		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))		16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements) <input type="checkbox"/> Yes <input type="checkbox"/> No		18. Recommended Retention			
19. Name and Title of Preparer <b>Lisa Kirk</b>		20. Room Number <b>532</b> Telephone Number <b>767-3541</b>		21. Date <b>4/8/05</b>	

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1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>		2. Office/Administration/Division <b>Emergency Preparedness &amp; Response</b>		3. Unit or Section	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <b>Exercise Coordination</b>				5. Earliest Year/Latest Year _____ to _____	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  <b>Exercise notices, plans, situation reports and After Action Reports</b> <b>The purpose is to improve preparedness by identifying and rectifying shortfalls in emergency response plans.</b>					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume _____ Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		12. File Becomes Inactive After _____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)			
13. Current Location(s)      (Bldg., Floor, Room)		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Access Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))		16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements) <input type="checkbox"/> Yes <input type="checkbox"/> No		18. Recommended Retention			
19. Name and Title of Preparer <b>Dorothy Paugh</b>		20. Room Number Telephone Number <b>410-767-4134</b>		21. Date <b>4/7/05</b>	

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				<p>PAGE <u>1</u> OF <u>2</u></p>	
<p>1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b></p>		<p>2. Office/Administration/Division <b>Emergency Preparedness &amp; Response</b></p>		<p>3. Unit or Section</p>	
<p><b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title <b>MEDICAL INTELLIGENCE</b></p>				<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>Potentially classified or "for official use only" documents.</b></p>					
<p>7. Record Series Format(s)</p> <p><input checked="" type="checkbox"/> Letter Size    <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size    <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Bound Book    <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Audio Tape    <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input checked="" type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p>_____</p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily    <input type="checkbox"/> Weekly    <input type="checkbox"/> Monthly</p>		<p>12. File Becomes Inactive After</p> <p><u>1</u> Number    <input type="checkbox"/> Month(s)    <input checked="" type="checkbox"/> Year(s)</p>			
<p>13. Current Location(s) (Bldg., Floor, Room)</p>		<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office)</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    <u>MCAC</u></p>			
<p>15. Access Restrictions    <input type="checkbox"/> Yes    <input type="checkbox"/> No (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><u>28 CFR PART 23</u></p>		<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None    <input type="checkbox"/> State    <input type="checkbox"/> Federal    <input type="checkbox"/> Independent</p>			
<p>17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements)</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>		<p>18. Recommended Retention</p> <p><u>5 years</u></p>			
<p>19. Name and Title of Preparer</p> <p><u>Reginald L. Booker</u> <u>Senior Public Health Analyst</u></p>		<p>20. Room Number</p> <p>Telephone Number <u>301-586-4664</u></p>		<p>21. Date</p> <p><u>4-4-05</u></p>	

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				<p>PAGE <b>5</b> OF <b>1</b></p>	
<p>1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b></p>		<p>2. Office/Administration/Division <b>Emergency Preparedness &amp; Response</b></p>		<p>3. Unit or Section</p>	
<p><b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title <b>COOP / COG</b></p>				<p>5. Earliest Year/Latest Year <b>2004</b> to <b>present</b></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>Continuity of Operations (COOP) plans for the Department and other related Emergency Preparedness information, in paper &amp; electronic form.</b></p>					
<p>7. Record Series Format(s)</p> <p><input type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Bound Book      <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Audio Tape      <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><b>10</b> Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
				<p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used</p> <p><input type="checkbox"/> Daily      <input type="checkbox"/> Weekly      <input type="checkbox"/> Monthly</p>			<p>12. File Becomes Inactive After</p> <p>_____ Number      <input type="checkbox"/> Month(s)      <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room)</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office)</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>		
<p>15. Access Restrictions <input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><b>Md Code Ann., State Gov't § 10-617(e) &amp; 10-618(j)</b></p>			<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None      <input type="checkbox"/> State      <input type="checkbox"/> Federal      <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements)</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>			<p>18. Recommended Retention</p> <p><b>6 years</b></p>		
<p>19. Name and Title of Preparer</p> <p><b>Keith Tobias</b></p>		<p>20. Room Number</p> <p>Telephone Number <b>410-767-6486</b></p>		<p>21. Date</p> <p><b>4/7/05</b></p>	

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				<p>PAGE <b>6</b> OF <b>7</b></p>	
<p>1. Department/Agency</p> <p><b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b></p>		<p>2. Office/Administration/Division</p> <p><i>Emergency Preparedness &amp; Response</i></p>		<p>3. Unit or Section</p>	
<p><b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title</p> <p><i>Volunteer Coordination</i></p>				<p>5. Earliest Year/Latest Year</p> <p>_____ to _____</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p><i>Gen Vol. information Committee information Gen Correspondence Grants Task Force correspondence</i></p>					
<p>7. Record Series Format(s)</p> <p><input type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Bound Book      <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Audio Tape      <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p>_____</p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used</p> <p><input type="checkbox"/> Daily      <input type="checkbox"/> Weekly      <input type="checkbox"/> Monthly</p>		<p>12. File Becomes Inactive After</p> <p>_____</p> <p>Number      <input type="checkbox"/> Month(s)      <input type="checkbox"/> Year(s)</p>			
<p>13. Current Location(s)      (Bldg., Floor, Room)</p>		<p>14. Is Record Series Duplicated Elsewhere?</p> <p>(If yes, specify agency or office)</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>			
<p>15. Access Restrictions      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>(If Yes, cite Law(s) &amp; Regulation(s))</p>		<p>16. Audit Requirements</p> <p><input type="checkbox"/> None      <input type="checkbox"/> State      <input type="checkbox"/> Federal      <input type="checkbox"/> Independent</p>			
<p>17. Is an Index System used?</p> <p>(If yes, explain briefly and describe any hardware/software requirements)</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>		<p>18. Recommended Retention</p>			
<p>19. Name and Title of Preparer</p> <p><i>Joan Lawrence</i></p>		<p>20. Room Number</p> <p>Telephone Number <i>410-767-7772</i></p>		<p>21. Date</p> <p><i>4/7/05</i></p>	

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DEPARTMENT OF GENERAL SERVICES  
STATE RECORDS CENTER  
7275 WATERLOO ROAD  
P.O. BOX 275  
JESSUP, MARYLAND 20794  
(410) 799-1379

AGENCY RECORDS INVENTORY

PAGE 1 OF 1

1. Department/Agency

2. Office/Administration/Division

3. Unit or Section

DEPT OF HEALTH & MENTAL HYGIENE

OFFICE OF ~~Emergency Preparedness~~  
~~Emergency Response~~

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title ESF-8

5. Earliest Year/Latest Year

Emergency Support Function 8 (Public Health & Medical)

1997 to Present

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

Meeting Agendas  
Meeting Notes  
Meeting Minutes/Summary  
Meeting Notices

7. Record Series Format(s)

- ☒ Letter Size ☐ Microfilm  
☐ Legal Size ☐ Computer Tape  
☐ Bound Book ☐ Floppy Disk  
☐ Audio Tape ☐ Video Tape  
☐ Other (specify) \_\_\_\_\_

8. Record Series Sequence

- ☐ Alphabetical  
☐ Numerical  
☒ Chronological  
☐ Geographical  
☐ Other (specify) \_\_\_\_\_

9. Volume

1 1/2 box  
Number

7 BOXES (w/ ft)

- ☐ File Drawer(s)  
☐ Microfilm Reel(s)  
☐ Computer Tape(s)  
☐ Other (specify)

10. Annual Accumulation

- ☐ File Drawer(s)  
☐ Microfilm Reel(s)  
☐ Computer Tape(s)  
☐ Other (specify)

11. File is Used

- ☐ Daily ☐ Weekly ☒ Monthly

12. File Becomes Inactive After

- Number ☐ Month(s) ☐ Year(s)

13. Current Location(s) (Bldg., Floor, Room)

14. Is Record Series Duplicated Elsewhere? Maryland Emergency  
(If yes, specify agency or office)  
☒ Yes ☐ No Management Office  
Agency

15. Access Restrictions ☐ Yes ☒ No  
(If Yes, cite Law(s) & Regulation(s))

16. Audit Requirements

- ☐ None ☐ State ☐ Federal ☐ Independent

17. Is an Index System used?  
(If yes, explain briefly and describe any hardware/software requirements)

- ☐ Yes ☒ No

18. Recommended Retention

7 years

19. Name and Title of Preparer

David Carney

20. Room Number

117

Telephone Number

x75765

21. Date

5-2-05